| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) WUR 50907/US/2 | |
|---|------------|--|------------------|
| Application Number 10/772,516 | | Filed | February 5, 2004 |
| For UNREINFORCED REACTION INJECTION MOLDED STRUCTURAL FOAMS | | | |
| Art Unit 1796 | | Examiner | John M. Cooney |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | <u>Fee</u> | Small Entity F | <u>ee</u> |
| One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ |
| X Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ 460.00 |
| Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$ |
| Four months (37 CFR 1,17(a)(4)) | \$1640 | \$820 | \$ |
| Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. | | | |
| A check in the amount of the fee is enclosed. | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number08-3442 I have enclosed a duplicate copy of this sheet. | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the applicant/inventor. | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| attorney or agent of record. Registration Number | | | |
| attorney or agent under 37 CFR 1.34. | | | |
| Registration number if acting under 37 CFR 1.34 50, 45' | | | |
| July 1,2008 | | | 1,2008 |
| Signature / | | /) | Date |
| Rhonda L. Sheldon Typed or printed name | | 281-719-4437 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| X Total of 1 form is submitted. | | | |